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FIT Clinical Decision Making

ANOMALOUS LEFT CORONARY ARTERY ARISING FROM THE PULMONARY ARTERY IN A 38-YEAR PREGNANT FEMALE

Poster Contributions
Poster Hall B1
Saturday, March 14, 2015, 3:45 p.m.-4:30 p.m.

Session Title: FIT Clinical Decision Making: Structural Heart Disease and Pulmonary Hypertension
Abstract Category: Congenital Heart Disease
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Authors: *Manpreet Singh Sabharwal, James Tak, Saurav Chatterjee, Pratik Panchal, Amy Chorzempa, Mun Hong, Daniel Swistel, Mt Sinai St Luke's Hospital, New York, NY, USA*

Background: Anomalous origin of left coronary artery from the pulmonary artery (ALCAPA) is a rare congenital abnormality associated with early infant mortality and adult sudden death. The incidence of ALCAPA is around 1/300,000 live births comprising 0.24-0.46% of congenital cardiac diseases. Most patients are diagnosed in early childhood with few hundred cases diagnosed in adulthood.

Case: A 37-year female 28 weeks pregnant with no past medical history was referred for a murmur. On exam a continuous murmur was heard at the pulmonic area. The echocardiogram showed normal biventricular function with a continuous flow along the right ventricular outflow tract towards the septum.

Decision Making: The patient was asymptomatic and monitored closely with plan for further imaging post pregnancy. She started developing dyspnea on exertion 6 months after pregnancy. Repeat echo was unchanged. Cardiac computed tomography (CT) angiography (figure1) showed a dilated, tortuous right coronary artery (RCA) originating from the aorta, with numerous collaterals feeding the left coronary artery (LCA). The LCA arose from the pulmonary artery. A coronary angiogram confirmed the CT findings and showed LCA filling via collaterals from RCA and draining into the pulmonary artery. She underwent coronary artery bypass grafting and ligation of LCA.

Conclusion: Congenital diseases may remain asymptomatic till adulthood and this case shows the importance of multimodality imaging in the diagnosis and management.